Bromley Healthcare Community Interest Company

1-216234545

Community health inpatient services

Quality Report

Global House
10 Station Approach
Hayes
Bromley
Kent
BR2 7EH
Tel:02083158880
Website: www.bromleyhealthcare.nhs.uk

Date of inspection visit: June 2015
Date of publication: 29/09/2015

Summary of findings

Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/ unit/team)	Postcode of service (ward/ unit/ team)
1-1114338193	Lauriston House	Lauriston House	

This report describes our judgement of the quality of care provided within this core service by Bromley Healthcare Community Interest Company. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Bromley Healthcare Community Interest Company and these are brought together to inform our overall judgement of Bromley Healthcare Community Interest Company

Summary of findings

Contents

Summary of findings

Overall summary

This service has not been rated. This inspection was a focused unannounced inspection in response to information and concerns we received about the service. These concerns related to poor infection prevention and control practices and general cleanliness of the unit, nutritional standards, therapy provision and environment, unsafe staffing levels, high numbers of complaints and patient falls.

Staff knew how to report incidents and safeguarding concerns on the electronic reporting system. They told us they received feedback on the incidents they had reported and participated in debriefs as and when required. Feedback was given in team meetings on a monthly basis and information pertaining to incidents was uploaded to the intranet following the publication of a monthly report compiled by the risk management team.

From information received prior to our inspection concerns were raised about staff training. We found that not all staff were up to date with their mandatory training. The suitability of the therapy gym was not conducive to maximising a patients rehabilitation potential.

Information received prior to our inspection showed their had been an increased number of falls. During our inspection we saw records that demonstrated patient falls had been investigated and changes made to reduce the risk of further falls occurring. Patient records were stored securely and were of aan appropriate standard. Planned staffing levels were not always met and there was a high useage of agency and bank staff. This was noted on the provider risk register. Recruitment was underway to fill some nursing and therapy positions.

The community inpatient service followed national guidance and staff had access to policies to ensure best practice. There was access to specialist nurses in tissue viability and infection control.

The service participated in national audits to improve service provision. Pain relief was provided as appropriate by GP's and by the consultant geriatrician who attended the unit weekly. Palliative care specialist nurses were available to assist with pain management for patients at the end of their life.

Patients' were provided with meals which were cooked on site in the building's kitchen area. Patient feedback regarding the food was varied. Evidence of fluid and nutrition intake was recorded in patient records. Referrals were made by nursing staff if a patient required assistance from external therapists, such as speech and language therapist or dietician. There was good multi discipliniary team (MDT) working practices, with all specialities involved to ensure a safe discharge home for patients.

The referral to admission key performance indicator (KPI) target of 90% was not being met. The service was achieving 85% for this KPI. Staff were unclear about their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There was no training provided in relation to this. The one DNACPR (do not attempt cardiopulmonary resuscitation) proforma were saw was not completed correctly.

Staff provided kind and compassionate care. Patients had their dignity and privacy respected in most areas apart from the therapy gym which was largely due to a poor environment. Most patients and relatives/carers felt involved in care planning from admission to discharge. Patients were emotionally supported by staff and pre discharge visits were arranged to offer emotional and practical support to patients.

Discharge planning was managed in a timely manner from first point of admission into the unit to ensure the correct equipment and care provision was available for people to return home safely. Links were being made with the local Healthwatch service to encourage patients to become involved in service planning and delivery. There was no reasonable adjustments made for patients living with a learning disability and no easy read information was available. New dementia champions were being trained to support staff in caring for patients living with dementia. An interpreter service was available. Most staff were not aware of the process for arranging an interpreter. A community psychiatric nurse (CPN) was available to support vulnerable patients within the service. Patients told us that they were unhappy with the lack of "things to do" at weekends. There were no televisions or radios available in patient rooms and therapy sessions were only available during the week.

Summary of findings

There was vision for the future of the community inpatient service and although most staff did not know what the provider wide strategy was, they could tell us what the vision was in relation to patient care and experience. Senior managers told us that they would like to provide patients with a better environment to optimise their rehabilitation.

Bi-monthly governance meetings were held with most disciplines being involved. There was a transparent and open culture within the service and staff felt able to raise concerns or issues with senior managers and felt that they would be listened to. Staff felt well supported by their line management team. There was good communication links between managers and staff.

Local links were being made with Healthwatch to encourage patients to become involved in planning the service for the future and the friends and family test results showed that 87.5% of patients would recommend the service. Staff questionnaires were conducted based on the NHS model. As a result of the mock Care Quality Commission (CQC) inspection by an external consultancy, action groups had been tasked with improving services.

Summary of findings

Background to the service

Bromley Healthcare Community Interest Company is a social enterprise of NHS community health services, covering Bromley, Bexley, Greenwich, Croydon and Lewisham. Inpatient community rehabilitation for adults is provided at Lauriston House in Bromley. The facility has 36 inpatient beds providing patients with rehabilitation via a multidisciplinary team. Patients also have access to other services during their stay within the unit, including speech and language therapy, podiatry, dietetics and dentistry.

Patients are admitted to Lauriston House rehabilitation unit for rehabilitation following surgery, stroke and falls although this list is not exhaustive. Services are also provided for patients at who become end of their life during their rehabilitation pathway. Where patients are receiving palliative care, the unit will link in with the local hospice; St Christopher's who will provide specialist support to patients at the end of life.

On the 2 June 2015, we carried out an unannounced focused inspection of the community inpatient service following a number of concerns raised with the Care Quality Commission. These concerns related to poor infection prevention and control practices and general cleanliness of the unit, nutritional standards, therapy provision and environment, unsafe staffing levels, high numbers of complaints and patient falls. We conducted the inspection with two Care Quality Commission inspectors.

During this inspection we reviewed provider policies and procedures, staff training records, audits and performance data. We also looked at 20 patient notes and observed care being provided. We spoke with five patients, two relatives and ten members of staff, including nurses, physiotherapists, managers and administrators.

Our inspection team

Our inspection team was led by:

Team Leader: Ian Brandon, Care Quality Commission

The team included a CQC inspector

Why we carried out this inspection

This inspection was a focused unannounced inspection in response to information and concerns we received about the service.

How we carried out this inspection

We focused on the areas of concern raised about the service in asking the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We carried out an unannounced visit on 2 June 2015. During the visit we talked with people who use the service. We observed how people were being cared for and talked with carers and/or family members and reviewed care or treatment records of people who use services. We met with people who use services and carers, who shared their views and experiences of the core service. We talked with staff members at the service. We reviewed the service's records such as policies, procedures and audits.

Summary of findings

What people who use the provider say

Most patients felt involved in their care planning from admission to discharge, including relatives and carers in decision making. One patient told us "the staff have confidence in me and my ability to get back on my feet, which encourages me to do well".

Relatives we spoke with agreed they felt included in decision making to enable them feel that they could support their loved one when they returned home.

One patient told us, "the nurses are very kind and sensitive to the fact I might feel a little embarrassed having someone help me to wash and dress, they are very discreet".

One patient told us about their pre discharge visit home that had been planned with their involvement and following discussion with family members. The patient was very apprehensive about returning home as they had been in hospital and then in the rehabilitation unit for over a month in total. They felt worried that they wouldn't be able to manage and had been tearful prior to the visit. They told us that staff had been "so helpful and kind" in addressing their trepidation regarding their discharge and in relation to what support they would need from community carers. This patient felt prepared with emotional support, carers and equipment to enable them to live more independently.

Areas for improvement

Action the provider MUST or SHOULD take to improve

- The service must improve its completion of do not resuscitate forms so they comply with national guidance.
- The service should improve the suitability of the environment to ensure it can meet patients rehabilitation needs and maintain their privacy and dignity, particularly while receiving physiotherapy in the gym.
- The service must ensure it meets the needs of vulnerable adults such as those living with dementia and those with learning disabilities.
- The service should ensure patients' social needs are met outside of their physical therapy.
- The service must improve its mandatory training rates, particularly regarding safeguarding.
- The service must ensure staff are aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- There must be adequate resuscitation equipment available in case of an emergency of either floor of the premises

Bromley Healthcare Community Interest Company

Community health inpatient services

Detailed findings from this inspection

Are services safe?

By safe, we mean that people are protected from abuse

Summary

Staff recognised incidents and safeguarding concerns and knew how to report them on the electronic system. They felt confident that the incident would be dealt with effectively and that feedback would be given. We saw evidence that feedback was given at team meetings and updates were available online for staff to peruse. There were no never events reported in the year preceding our inspection.

The service monitored its safety thermometer information to improve patient safety and monthly meetings were held with senior nursing staff to gather data to update it. Safety performance information was not displayed for patients and relatives to establish how the service was performing which would be considered best practice.

We received complaints prior to our inspection about the level of patient falls, but the levels recorded were not of a significant concern and as a result of an incident involving a fall, learning had been achieved and changes made to improve patient safety.

Infection prevention and control (IPC) was a concern raised with the care quality commission prior to our inspection. Non-compliance with IPC protocols had been noted on the provider risk register. The unit was visibly clean. We observed good infection control practices during our inspection, however we noted that compliance with mandatory training in relation to IPC and other essential mandatory training was not near the service's target rate.

There was no resuscitation trolley on the ground floor and no emergency equipment provision. The resuscitation trolley on the first floor had not been checked accurately. The nurse in charge remedied this immediately when we brought it to her attention. There was no firm plan in place to ensure emergency resuscitation equipment was provided for ground floor patients.

The quality of patients' notes and multi-disciplinary team notes were appropriate. They were comprehensive and secured appropriately. Risk assessments were undertaken and filed in patient's notes, including vital sign observations to identify a deteriorating patient.

Detailed findings

Are services safe?

Incident reporting, learning and improvement

- Staff reported incidents using the electronic reporting system. All the staff that we spoke to knew how to use the system and felt confident in recognising an incident and reporting it accordingly.
- The senior management team for community rehabilitation services felt that there was a good incident reporting culture across the service. They had discussed with staff at team meetings how they would like incident feedback to be presented. It was agreed by all staff that monthly feedback at team meetings would be preferred, with a debrief held at the earliest opportunity after an incident had occurred. The team meetings were well attended and learning from incidents were disseminated across all disciplines. This was confirmed in the team meeting minutes.
- There were no never events reported from January 2014 to the date of our inspection (2 June 2015). Never events are defined as serious and largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by the health care provider. NHS England specify what incidents must be classified as a never event.
- The provider risk management and safety team produced a monthly report, 'Accident and incident feedback statistical analysis' in which all incidents, never events, safeguarding concerns and complaints were fed back to the service as a whole. This information was also uploaded on to the providers' intranet site which ensured the data was available for all staff to read. Most staff told us that they knew how to access the intranet and had read online updates regarding performance.
- The management team for the service monitored the safety thermometer to address safety concerns and improve performance. The NHS Safety Thermometer is a local improvement tool for measuring, monitoring and analysing patient harms and 'harm free' care which included falls, infections and pressure ulcers Monthly meetings were held with the head of nursing and the community inpatient service matron to analyse the safety thermometer information. NHS Safety Thermometer information was not displayed in the ward areas as is considered best practice.
- The incidence of patient falls had been raised as a cause of concern with the Care Quality Commission, which prompted our inspection. Data confirmed that the number of falls in the year preceding our inspection was not at a concerning level for community rehabilitation services with only two months since September 2014 with instances of falls reported.
- We saw learning had occurred following an incident where a patient had fallen. Falls flow charts had been introduced when the incident revealed that nursing and rehabilitation assistants (NRAS)were not aware of the falls detectors.

Safeguarding

- Safeguarding concerns were recorded using the electronic reporting system. All staff felt confident in raising a safeguarding issue and felt assured that it would be acted upon. Evidence of reporting safeguarding was demonstrated in the monthly 'Accident and incident feedback statistical analysis' report. Staff told us that they also discussed these issues during team meetings.
- Safeguarding adults was mandatory training and was available for all staff. However, out of the 35 members of staff identified as required to attend training, 18 had not attended safeguarding training. The provider recognised that mandatory training is a cause for concern. We could not be assured that the provider had systems in place to address the training shortfall
- Two local authority care managers were based at Lauriston House and senior managers told us that they took the lead in relation to safeguarding matters.

Safety thermometer

- May 2015 safety thermometer reports showed all patients admitted had harm free care. However, results before this had been more negative with an acquired UTI in April 2015, a fall and a venous thromboembolism in March 2015. The last acquired pressure ulcer had been in February 2015. On average, just under 95% of patients in recent months received harm free care if you discount those patients that had pressure ulcers before they were admitted.

Medicines

- During our inspection we observed a sample of ten medicine administration charts and all were completed correctly. Nursing staff had signed where medicines had

been given and drug allergies were clearly labelled on patients' notes. Patients were encouraged to self-administer their medicines where appropriate in preparation for returning home.
- Controlled drugs were stored appropriately and all medications were checked weekly. The rehabilitation service as a whole met the National Institute for Health and Care Excellence (NICE) guidelines (NG5) for medicine optimisation.
- Refrigerated medicines were stored appropriately and evidence showed that the fridge temperature was monitored and recorded daily by nursing staff records showed that the temperatures were within normal range.
- Bromley Healthcare had a community pharmacist who supported inpatient services and local arrangements had been made with an external pharmacy for provision of medication.

Environment and equipment

- Equipment at Lauriston House belonged to Bromley Healthcare and a register of equipment was maintained by the provider. The nursing and therapy staff were responsible for checking equipment daily to ensure it was accurate. This equipment included blood pressure monitors, blood glucose monitors, bladder scanners, resuscitation equipment and hoists. An external company was responsible for the maintenance of all equipment and we saw evidence that regular maintenance checks had been completed.
- Extension leads and plug sockets trailed across the floor.
- Patients were mostly cared for in single ensuite rooms, although some were double rooms. Patients were located mainly on the first floor with some patients on the ground floor of the building. On the first floor there was a resuscitation trolley containing essential equipment required in an emergency. A system was in place to ensure that daily stock checks were made by nursing staff, to ensure emergency equipment was available at all times. Although the checks had been completed and signed for on a daily basis, we saw some equipment had been missing for some weeks. Other equipment which had been highlighted by nursing staff as missing was available on the trolley. The daily checking procedure had not been completed accurately, putting patients at risk if there was an emergency. This was brought to the immediate attention of the nurse in charge.
- On the ground floor, there was no resuscitation equipment which left patients on this floor at risk during a potential emergency situation. This was highlighted with senior nursing and management staff during our inspection. They confirmed that this had been discussed and they were aware of this risk. A 'grab bag' for emergency situations was ordered but there was no mention of this on the providers' risk register or in operational meeting minutes.
- In two patient rooms, call bells were not working appropriately which presented a risk for the patient in a single room as they would not be able to call staff if they required assistance. The nurse in charge was aware of this and evidence was shown of contact with the maintenance team to undertake a repair.
- Elevator number two, had been broken for some weeks. The maintenance team within the building provided us with evidence to show that the part was on order for the elevator and it was to be repaired as soon as possible. This repair was contracted out to an external specialist maintenance company.
- Pressure relieving mattresses were available within 24 hours of a patient arriving at the unit and staff were aware of how to order these when required.

Quality of records

- Patients' records were kept in trolleys in the therapy gym. The trolleys were unlocked and insecure. White boards were used to identify patients by name and room number, no information relating to their diagnosis or treatment was displayed.
- Multi-disciplinary team (MDT) patient record folders were kept within an office, only accessible to staff. MDT notes were also added to the new electronic system..
- Prescribing, medical and general therapeutic notes were inputted into the electronic record system. The rest, including nursing notes were in paper format. Both were used for discharge purposes.
- During the inspection we observed a sample of 20 patients' paper nursing and therapy records. They were up to date and complete. Admissions assessments, daily nursing and therapy progress reports were filed in a standardised order with an initial content guide so staff could quickly locate the desired information. Nutrition and fluid intake was well monitored as was pressure area management, with body maps in place to identify any areas of concern.

Are services safe?

Cleanliness, infection control and hygiene

- Poor infection prevention and control and general cleanliness was raised as a concern prior to inspection. Non-compliance with IPC protocols were identified on the provider risk register on 27 May 2015 and the version we were given had no specific actions that related to the improvement of infection control. However the service told us an action plan was in place on the electronic version of the risk register.
- The hand hygiene audit (May 2015) identified issues relating to the potential spread of infection. There was no evidence of poor practice during our inspection. Two patients were identified to us upon arrival as requiring barrier nursing due to infection. The doors were clearly marked to alert staff entering the room and the provision and use of personal protective equipment (PPE) was observed. Hand washing was also observed to be compliant. The unit had an outbreak of norovirus in May and staff told us that they had worked hard to improve IPC practices as a result. Bromley Healthcare employed an IPC specialist nurse who provided training for all staff within the organisation.
- Lauriston House was observed to be clean. Communal areas were clean and tidy, bins emptied and patients' rooms and bathroom facilities were of a good, clean standard. Sharps bins were sealed appropriately and emptied on a weekly basis.
- There was a service wide infection control specialist nurse who provided mandatory and advanced infection control training, advice and support.

Mandatory training

- Mandatory training was available within Bromley Healthcare and was provided both as e learning and as face to face sessions. As of May 2015, many staff were still to complete or update their mandatory training, including essential subjects such as, adult safeguarding (18 out of 35 staff have yet to complete this), fire safety (16 out of 37 staff had yet to complete this) and IPC(16 out of 37 staff have yet to complete this). This was a concern, particularly in relation to IPC as the provider had identified this as being an area of risk within the unit. Infection control was also an issue that prompted our unannounced inspection.
- The senior management team told us that the non-compliance in relation to mandatory training needed to be addressed as it presented a risk to patient safety, but there was no action plan presented to suggest how this risk will be mitigated.

Assessing and responding to patient risk

- Risk assessments, including risks of falls were completed for patients and details kept in the patients' notes and updated regularly. There was evidence seen in relation to the monitoring of fluid and nutrition intake to prevent the risk of dehydration and malnutrition.
- The national early warning score (NEWS) was used to identify a deteriorating patient and vital sign observations were recorded in patients' notes.
- If a patients' condition deteriorated and treatment was required, nursing staff were able to contact a GP who was attached to the service, or, contact could be made with the medical response service, a team of advanced nurse practitioners who worked within the community. Failing this, an ambulance would be called. All staff felt confident in dealing with the needs of a deteriorating patient.

Staffing levels and caseload

- Safe staffing levels were one of the concerns prompting our inspection. It was noted on the provider risk register in May 2015 that the 'inadequate levels of substantive staff' was a cause of concern. The provider was addressing staffing issues by increasing the nursing staff establishment. A business case was put forward in March 2015 by management for funding to recruit an additional staff nurse on night shifts. This had been agreed and the post had been advertised with interviews arranged.
- There was no acuity and dependency assessment for the staffing requirement for each patient to establish what the overall staffing acuity should be. Generally there were four teams each day, consisting of one staff nurse and two NRA's. A 'float' NRA was available to support the teams as required. There was a total of eight therapists including, one lead therapist, three physiotherapists, three occupational therapists and two assistants.
- Agency staff were used to fill gaps in permanent staffing although we did not receive the figures on how often and how many were used. Management told us that the staff they used were often agency nurses who had

worked there frequently or for a lengthy period of time. Most being familiar with the service and what was required of them. Agency staff who worked at Lauriston House followed an induction process and records were seen to confirm this.

- Therapy services also employed agency staff and senior therapy staff told us that they employed long term agency staff to maintain a high level of therapeutic consistency. Substantive therapists were also being recruited.
- Medical staffing consisted of a consultant geriatrician who attended the unit one day weekly, GP cover Monday to Friday (who attended daily) and an out of hours GP service at all other times which was appropriate for the needs of the patients at this service?.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary

The community inpatient service followed national guidance and staff had access to policies to ensure best practice. There was a specialist tissue viability nurse across the service as a whole who provided support in relation to wound management. There was an infection prevention and control nurse who provided specialist input during mandatory training sessions.

The service had commissioned an independent consultancy to provide a 'mock' CQC inspection to look at improving practice and meeting regulatory and quality performance. The report from this inspection was to be made available in mid-June. In 2013 the provider had participated in the intermediate care audit but this had not been replicated in 2014. However community inpatient services participated in other audits to monitor performance.

Pain relief was provided as appropriate by GP's and by the consultant geriatrician who attended the unit weekly. Where specialist input was required, e.g.; for patients at the end of their life, specialist palliative care nurses were involved in pain management protocols.

Patients' were provided with three meals daily which were cooked on site in the building's kitchen area. Patient feedback regarding the food was varied. Evidence of fluid and nutrition intake was recorded well in the patients' records to prevent risks in relation to dehydration and malnutrition. Referrals were made by nursing staff if a patient required assistance from external therapists, such a speech and language therapist or dietician.

There were good multi-disciplinary team (MDT) working practices, with all specialities involved to ensure a safe discharge home for patients. MDT notes were well organised and thorough.

Staff were unclear about their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). There was no training provided in relation to this. DNACPR (do not attempt cardiopulmonary resuscitation) proformas were not completed correctly.

Detailed findings

Evidence based care and treatment

- Policies and procedures were developed in line with national guidance and were available for all staff to view.
- A tissue viability nurse was available to the community inpatient service and provided advice and support on the management and prevention of pressure wounds.
- A 'mock' CQC inspection had been commissioned by the provider during the month preceding our inspection. The results of which would be available to the in mid-June. The service had commissioned this report to receive feedback as to whether they were meeting their regulatory responsibilities and to improve best practice.
- The service had participated in the 2013 intermediate care audit, but had not been involved in 2014. They did participate in the EQ-5D pain audit which was on-going and used the modified barthel audits for patient goal attainment purposes. These showed 88.3% of patients improved under modified barthel, 19% increased their mobility, 33% improved their ability to self care, 38% increased their participation in usual activities, 32% had less pain and discomfort, and 27% had less anxiety and depression under EQ-5D from January to March 2015. However, although we requested if this was benchmarked, we did not receive any further information.

Pain relief

- Pain relief was prescribed as appropriate by the inpatient service consultant or from GP's who would attend the service daily on week days.
- Approximately 10% of patients using the service were receiving palliative care. Syringe drivers (a syringe driver is a small portable pump that can be used to give a patient a continuous dose of medication through a syringe) were available for these patients if required. Patients at the end of their life were referred to the local hospice St Christopher's, to ensure that sufficient pain management and anticipatory drugs were made available by specialist palliative care nurses who visited them at Lauriston House.

Nutrition and hydration

Are services effective?

- Patients' daily fluid and nutritional intake was monitored and recorded in their records. They were accurately completed and indicated whether patients were at risk of malnutrition or dehydration.
- The meals for all inpatients were cooked in a central kitchen area within the building. NRA's assisted patients to make their food choices from the menu in the morning and three meals were served daily. The food was sent up to unit and served to patients by a service assistant employed by Bromley Healthcare. Patients who required assistance to eat were helped to do so by the service assistant or members of the nursing team.
- If patients required support from the community speech and language therapist or dietician, referrals were made by nursing staff. Thickened fluids were used in the unit for patients who had difficulty with swallowing.
- Patients had the choice of eating their meals in the dining room or in their own rooms. Staff felt it was of benefit therapeutically for patients to try and eat their meals in the dining room for rehabilitation purposes. We observed that although all patient would not be able to sit in the upstairs dining area, a ground floor dining area was also available.
- Patients' opinions of the food provided at Lauriston House were varied. One patient told us, "the food is lovely and there is so much I can never eat it all" another patient told us, "the food is terrible, the fish is inedible and the soup is sometimes so hot it burns when you eat it". The provision of nutrition within the service was raised as a concern which prompted our inspection.

Patient outcomes

- The average length of stay for patients in the unit was 21-25 days which was better than the national average of 30 days.
- There was data available that reflected the performance of quality and outcomes such as the safety thermometer and EQ-5D, but this was not made available to patients within the unit.

Competent staff

- Staff had not been consistently given the opportunity to discuss their performance and objectives. Some staff told us that they had received an annual appraisal and others had not. Many staff were fairly new and gave us dates when their first appraisal was due. Senior managers told us that 60% of staff had received an appraisal. There was an action group in place who were looking at the staff appraisal process.
- The community rehabilitation service used Bromley Healthcare competency documents for specific training. The service confirmed it would be implementing more service specific training to develop staff skills further in the near future provided by the clinical educators employed by Bromley Healthcare. Evidence of timescales relating to this were not seen.
- Senior managers told us that supervision for the therapy team was appropriate, but this needed to improve for the nursing staff. There was no evidence seen as to how the service was going to action this.

Multi-disciplinary working

- There was evidence of multi-disciplinary team (MDT) working practices. Weekly meetings were held with the consultant. MDT working was mainly driven by the therapy team but included medical, nursing and social work colleagues during the wider monthly MDT's.
- The specialist palliative care nurses from the hospice were involved in the care pathway where a patient was identified as being at the end of their life.
- Records completed as a result of MDT meetings were comprehensive and of an appropriate standard.

Referral, transfer, discharge and transition

- Discharge planning commenced upon admission to the unit. There was good evidence of goal and discharge planning in patients' records.
- Staff told us that patients who required four times a day (QDS)four times a day) packages of care often caused discharge delays. There were also delays if a patient was going to be discharged to a residential care or nursing home.

Consent, Mental Capacity act and Deprivation of Liberty Safeguards

- Ward staff were not clear about their role and responsibilities regarding the Mental Capacity Act 2005) act or the Deprivation of Liberty Safeguards. Most staff told us that they would refer any concerns to the nurse in charge.
- There was no mandatory training available for staff in relation to the MCA or DoLS.

Are services effective?

- There was one patient identified as being assessed as requiring a DNACPR (do not attempt cardiopulmonary resuscitation) proforma. When checking the patients' notes, the form was filed but had not been completed correctly, with most of the required information missing. This issue was raised with the management team and nurse in charge during feedback at the end of the site inspection.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary

Staff provided kind and compassionate care. Nursing and therapy staff were observed encouraging patients to meet their rehabilitation goals in a supportive environment. Patients had their dignity and privacy respected in most areas apart from the therapy gym.

Most patients felt involved in their care planning from admission to discharge, including relatives and carers in decision making. Patients were emotionally supported by staff and pre discharge visits were arranged to offer emotional and practical support to patients who may have been away from their home environment for some time. Patients were generally prompted by staff to maximise their independence by promoting self-care wherever possible.

Detailed findings

Compassionate care

- Staff provided kind and compassionate care. One therapist was observed walking with a patient who was obviously apprehensive about the task ahead. The physiotherapist spoke to the patient in an encouraging and supportive way. Nursing staff were observed chatting and laughing with patients providing a friendly and calm environment even though all staff were busy.
- Personal care was provided in patients' rooms. One patient told us, "the nurses are very kind and sensitive to the fact I might feel a little embarrassed having someone help me to wash and dress, they are very discreet".
- A physiotherapist was observed comforting a patient living with dementia who was obviously distressed. The therapist spoke very kindly with the patient and engaged them in conversation which immediately calmed the situation down.
- In the therapy gym, privacy was not always maintained during therapy sessions due to environmental issues. Although screens are pulled across to protect patients' privacy and dignity, the photocopier was also located within this area and staff used this frequently when therapy sessions were in progress.
- Thank you cards from patients were displayed on the wall within the unit.
- The service was not part of the Friends and Family Test data submission by NHS England so we were unable to benchmark how satisfied patients were against other similar services.

Understanding and involvement of patients and those close to them

- Patients told us that they were involved in decisions relating to their care and in the planning for their rehabilitation and eventual discharge home. One patient told us "the staff have confidence in me and my ability to get back on my feet, which encourages me to do well".
- Relatives we spoke with agreed they felt included in decision making to enable them feel that they could support their loved one when they returned home.

Emotional support and promoting self-care

- One patient told us about their pre discharge visit home that had been planned with their involvement and following discussion with family members. The patient was very apprehensive about returning home as they had been in hospital and then in the rehabilitation unit for over a month in total. They felt worried that they wouldn't be able to manage and had been tearful prior to the visit. They told us that staff had been "so helpful and kind" in addressing their trepidation regarding their discharge and in relation to what support they would need from community carers. This patient felt prepared with emotional support, carers and equipment to enable them to live more independently. Staff had arranged with family to bring their bed down to the ground floor to further promote their safety and independence.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary

Discharge planning was managed in a timely manner from the first point of admission into the unit. This ensured that when a patient was due to be discharged, the correct equipment and care provision was available for them to return home safely. Links were being made with the local Healthwatch service to encourage patients to become involved in service planning and delivery.

There was no reasonable adjustments made for patients living with a learning disability and no easy read information was available. New dementia champions were being trained to support staff in caring for patients living with dementia. An interpreter service was available and could be accessed from information on the intranet. Most staff were not aware of the process for arranging an interpreter. A community psychiatric nurse (CPN) was available to support vulnerable patients within the service and two care managers from the local authority dealt with matters relating to safeguarding. Other specialists could be accessed following referral, including speech and language therapists, dentists and palliative care specialist nurses.

Patients told us that they were unhappy with the lack of "things to do" at weekends. There were no televisions or radios available in patient rooms and therapy sessions were only available during the week. Evidence was not seen in relation to responding to these concerns, although staff had told us about these concerns also.

The suitability of the therapy gym was not conducive to maximising the rehabilitation potential for patients. The gym was used to store equipment and appeared cluttered with little space for therapeutic interventions, but for other purposes also, mainly as office space for staff. There was inadequate numbers of seating available for all patients to eat their meal in the allocated dining area. Call bells were not working adequately in two patient rooms but this was being addressed by the provider and repair was imminent.

The referral to admission key performance indicator (KPI) target of 90% was not being met. The service was achieving 85% for this KPI.

Detailed findings

Planning and delivering services which meet people's needs

- Prior to discharge, equipment was often required to be in place within the patients' home to ensure that safety and independence were maintained following discharge. Therapists organised the discharge process and planned ahead for equipment provision to ensure delays were avoided.
- We were told there was sometimes a two to three week wait to organise care for patients who required two carers at home. Therefore this was planned in advance of discharge earlier in their admission. Evidence of discharge assessments were observed in patient records.
- Senior managers told us that they wanted to involve the local Healthwatch service to ensure that patients were involved in the service delivery plans. This initiative was still in its infancy but the senior management team were keen to drive this forward.
- It was apparent during our inspection, that there was not sufficient appropriate storage space at Lauriston House. This was most evident in the therapy gym, which was cramped and used for a variety of purposes, including extra office space with filing cabinets, desks and storage cupboards.
- The therapy kitchen was located within the gym and was used by staff at lunchtimes. Therapeutic sessions such as stairs assessments and general therapy were provided on the other side of the gym. Additional therapy equipment was stored in this area also, with very little space for patients to achieve maximum benefit from therapeutic sessions. During therapy sessions, one side of the room was cordoned off by a screen but the photocopier is located within the therapy area and staff walk in and out to use the photocopying facilities. Concerns had been raised with the Care Quality Commission regarding the therapy gym environment and these concerns were upheld during inspection.

Equality and diversity

- There were no specific reasonable adjustments made for patients with a learning disability or patients living with dementia such as learning disability passports,

Are services responsive to people's needs?

'This is me' or environmental changes. However, dementia 'champions' were being trained to provide support and assistance to colleagues in caring for patients living with dementia. Evidence of this was seen in the team meeting minutes. There was not any unit information in easy read format for patients with a learning disability to access.

- There was access to an interpreting service for patients who did not speak English as their first language and details were available on the intranet. An interpreter was available on the telephone or could attend the unit in person when necessary. Staff were not clear on how to access the interpreter service, most said they would discuss the issue with the nurse in charge in the first instance.

Meeting the needs of people in vulnerable circumstances

- A community psychiatric nurse (CPN) was available on site and provided support in caring for patients suffering from a mental illness. The CPN was easily accessible by staff and the staff that we spoke to felt able to contact the CPN when necessary and stated that she responded quickly to their queries.
- Two local authority care managers (social workers) were based within the building and attended MDT meetings with clinical staff to support discharge planning. The care managers were also the lead professionals in safeguarding matters, and liaised with the local authority. Staff felt that the care managers were an integral part of the team and would provide feedback in relation to safeguarding concerns.

Access to the right care at the right time

- Medical staffing was provided by a GP during the week and in the evenings and weekends the out of ours GP service Emdoc provided cover to patients requiring medical attention. Consultant cover was all day on a Wednesday.
- Therapists provided rehabilitation during the week only; there was no provision for therapy at weekends.
- Although not based within the unit, a speech and language therapist, podiatrist, dentist and dietician were available to patients following a referral from nursing staff.
- The local hospice service (St Christopher's) provided specialist palliative care support to patients at the end of their life. Staff told us that the palliative care team responded quickly to referrals, usually attending the unit the same day, or within a 24 hour period.
- Referrals to the community inpatient service were received mostly from the Princess Royal University Hospital, Queen Elizabeth Hospital, Kings College Hospital and Guys & St Thomas' Hospital. Eighty five per cent of cases referred for community inpatient admission were accepted and admitted within 48 hours. The Bromley Healthcare KPI (key performance indicator) target for referral to admission was to accept and admit 90% of patients within 48 hours but they only met this 85% of the time. However, we were informed of issues regarding timeliness of admission that was not within the service's control such as delays at the acute hospital referring.

Learning from complaints and concerns

- There had been eight complaints to the service since January 2015 mostly regarding communication and level of care provided. All but two had been replied to. Action plans had been developed from these complaints including improving communication with GPs, a review of family meetings documentation and including discharge planning in record keeping training for staff.
- Patients told us that the main complaint in relation to the service was a lack of things to do. There were no televisions or radios in patient bedrooms and no library service available. Patients told us that at times they were bored, particularly at weekends when there were no therapy sessions. There was no activity coordinator and the only TV available was in the dining room. There was no evidence to suggest that these issues were being addressed.
- There were 'Your feedback' leaflets available which encouraged patients and relatives to offer their concerns, complaints, compliments and comments. Following a complaint, the head of intermediate care would investigate and a response would be made to the complainant. Complaints were discussed in monthly team meetings for learning purposes. This was evidenced in meeting minutes.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary

There was vision for the future of the community inpatient service and although most staff did not know what the provider wide strategy was, they could tell us what the vision was in relation to patient care and experience. Senior managers told us that they would like to implement a discharge to assessment model and provide patients with a better environment to optimise their rehabilitation.

Bi-monthly governance meetings were held with all disciplines being involved. Complaints, quality performance and improvement and safeguarding concerns were among some of the issues discussed. They were well attended meetings and minutes could be seen to identify actions made as a result. The community inpatient risk register listed most of the major risks affecting the service and what steps were being taken to mitigate the risks.

Although there had been some recent changes to the senior management team, the workforce appeared stable and staff felt well supported. There was a transparent and open culture within the service and staff felt able to raise concerns or issues with senior managers and felt that they would be listened to. There was good communication links between managers and staff, staff were kept up-to-date with any changes within the organisation that affected service delivery or their own personal performance.

Local links were being made with Healthwatch to encourage patients to become involved in planning the service for the future and the friends and family test results showed that 87.5% of patients would recommend the service. Staff questionnaires were conducted although benchmarking was not evidenced. As a result of immediate feedback from the mock CQC inspection, action groups had been tasked with improving services.

Detailed findings

Service vision and strategy

- There was a vision and strategy for Bromley Healthcare as a whole but this was not widely known by staff. Most staff told us that the vision for the community inpatient service was to rehabilitate patients to a point where they were ready to go home safely.
- Senior managers told us that their vision was to get patients home without the necessity for a package of care and that they would like to implement a discharge to assessment model. They also told us that they would like to optimise a patient's stay by offering a better environment.

Governance, risk management and quality measurement

- Bi-monthly governance meetings were held with all specialty staff. Complaints, safeguarding, concerns and quality improvement issues were discussed and actions made as a result. Evidence of this was seen in meeting minutes.
- A quality and performance report was compiled monthly and service specific information was available. The report provided information relating to incident reporting, risk management, comments and complaints and safeguarding. This information was uploaded on to the intranet and widely available for all staff.
- There was a risk register which comprehensively listed the major risks affecting the service and action plans to mitigate the risk

Leadership of this service

- There have been some changes in relation to the management team in recent months. Staff that we spoke to were aware of the leadership hierarchy and could name all senior management staff. They felt that senior managers were approachable and their leadership was visible within the organisation.
- There was evidence of good communication routes between senior managers and staff members. Meetings were well attended and information relating to service delivery was cascaded to all staff via email and on the intranet.

Culture within this service

- There was a good culture within the service. All staff told us that they enjoyed their role because of the team working and the support they received from each other, even when they were very busy. Staff were relaxed and friendly.

Are services well-led?

- Staff told us that there was a culture of openness and transparency within the service. This was reflected in the way in which staff felt confident raising concerns, they also felt that they would be listened to if they had to discuss matters with a senior manager.

Public engagement

- The friends and family test results during the period of the 1st January 2015 to the 30th April 2015, had revealed that out of a sample of eight questionnaires, 87.5% of patients would recommend the community inpatient service to their friends and family.
- Senior managers told us that there were plans in place to develop links with the local Healthwatch service to encourage patients to have their say in the way the service moved forward.

Staff engagement

- Staff were consulted often within the service. They participated in regular team meetings, which were well attended by nursing, therapy and management staff. There were regular updates in relation to quality performance and feedback regarding complaints and incidents.
- Staff surveys had been undertaken and were widely based on the NHS model with some extra questions there was no evidence of benchmarking.

Innovation, improvement and sustainability

- As a result of the immediate feedback from the mock CQC inspection, action groups had been put in place to look at areas where improvements could be made. Immediate action included increasing the registered nursing compliment at night from two to three. This was being implemented during inspection. There had also been an action group set up for ensuring the completion of staff appraisals.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The service was not meeting regulation 12 of the Health and Social Care Act 2014 (2)(f) as there was not a sufficient quantity of equipment supplied to ensure the safety of service users, particularly, a lack of resuscitation equipment on the ground floor of the service which meant there was a risk that there would be a delay in responding to deteriorating patients.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service was not meeting regulation 18 of the Health and Social Care Act 2014 (2) (a) as staff employed by the service did not receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform, particularly relating to safeguarding, fire safety and infection control.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.